

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769733

1. Entity Name

MUNROE REGIONAL MEDICAL CENTER, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90192 005 ****70.00

Principal Place of Business

131 SW 15TH ST.
P.O. BOX 6000
OCALA FL 34478

Mailing Address

131 SW 15TH ST.
P.O. BOX 6000
OCALA FL 34478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2390218

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMONS, GARY C., ESQ.
121 NW 3RD ST.
OCALA FL 34475

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERMILLION, LYNETTE 4359 SE MARICAMP ROAD OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEK, MEL 2980 SE 3RD CT. OCALA FL 34471	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARES, SEGISMUNDO M.D. 2731 SE 14TH ST OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHELL, DYER T. 131 S.W. 15TH STREET OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUTARELLI, RICHARD 131 SW 15TH ST OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MATHEWS, ROBERT 2025 SE 11TH ST OCALA FL 34471	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karve, M.D., Nandkumar 2091 SW 55th Street Road Ocala, FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

Richard D. Mutarelli

VP & CFO

1/22/02

352/351-7327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)